

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Quinn	Erin	Todd

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Natural Resources

Division, Board, Department, District, if applicable

Division of Oil, Gas, & Geothermal Resources

Your Position

Engineering Geologist

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

- | | |
|---|---|
| <input checked="" type="checkbox"/> State | <input type="checkbox"/> Judge or Court Commissioner (Statewide Jurisdiction) |
| <input type="checkbox"/> Multi-County _____ | <input type="checkbox"/> County of _____ |
| <input type="checkbox"/> City of _____ | <input type="checkbox"/> Other _____ |

3. Type of Statement (Check at least one box)

- | | |
|--|---|
| <input checked="" type="checkbox"/> Annual: The period covered is January 1, 2017, through December 31, 2017. | <input type="checkbox"/> Leaving Office: Date Left _____
(Check one) |
| -or- | <input type="checkbox"/> The period covered is January 1, 2017, through the date of leaving office. |
| The period covered is _____, through December 31, 2017. | -or- |
| <input type="checkbox"/> Assuming Office: Date assumed _____ | <input type="checkbox"/> The period covered is _____, through the date of leaving office. |
| <input type="checkbox"/> Candidate: Date of Election _____ and office sought, if different than Part 1: _____ | |

4. Schedule Summary (must complete) ► Total number of pages including this cover page: _____
Schedules attached

- | | |
|--|--|
| <input type="checkbox"/> Schedule A-1 - Investments – schedule attached | <input type="checkbox"/> Schedule C - Income, Loans, & Business Positions – schedule attached |
| <input type="checkbox"/> Schedule A-2 - Investments – schedule attached | <input type="checkbox"/> Schedule D - Income – Gifts – schedule attached |
| <input type="checkbox"/> Schedule B - Real Property – schedule attached | <input type="checkbox"/> Schedule E - Income – Gifts – Travel Payments – schedule attached |

-or-

- ☒
- None - No reportable interests on any schedule**

5. Verification

MAILING ADDRESS	STREET	CITY	STATE	ZIP CODE
(Business or Agency Address Recommended - Public Document)				
195 S Broadway		Orcutt	CA	93420
DAYTIME TELEPHONE NUMBER		E-MAIL ADDRESS		
(805) 937-7246		erin.quinn@conservation.ca.gov		

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

 Date Signed 02/23/2018
 (month, day, year)

 Signature 
 (File the originally signed statement with your filing official.)